Form 1120-ND

Return for Nuclear Decommissioning Funds and Certain Related Persons

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

Certain Related Po

OMB No. 1545-0954

| For the calendar year 20 , or fiscal year beginning ,20 , and ending ,20 | | | | | | | • | | | | | |
|--|---|--|-----------------------|-------------------|--|--|---|---|---------------------------------------|-------------|--|--|
| Print | Nam | Name of fund A | | | | | A Employer identification number of fund (see instructions) | | | | | |
| Type or P | Name of trustee or disqualified person (complete if filing to report section 4951 taxes) | | | | | | | | | | | |
| se Typ | Address of filer. Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | B Identifying number of trustee or disqualified person (see instructions) | | | | |
| Please | City or town, state, and ZIP code | | | | | | | | | | | |
| C Return filed for (see Specific Instructions, check applicable box): ☐ Fund ☐ Trustee ☐ | | | | | | | | | ualified person | | | |
| D (| D Check applicable boxes: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return | | | | | | | | | | | |
| E 1 | | | | | | | | | | | | |
| Part I—Computation of Fund Income Tax | | | | | | | | | | | | |
| <u>•</u> | 1 | Taxable inter | est | | | | | 1 | | | | |
| Income | 2 | | net income (attac | h Schedule D (Fo | orm 1120)) | | | 2 | | | | |
| S | 3 | Other income | e (attach schedule | e) | | | | 3 | | | | |
| _ | 4 | | | | | | | 4 | | +- | | |
| 40 | 5 | | | | | | | 5 | | + | | |
| ő | 6 | | | | | | | 6 7 | | + | | |
| ξį | 7 | _ | - | | | | | 8 | | +- | | |
| Deductions | 9 | 8 Other deductions (attach schedule)9 Total deductions. Add lines 5 through 8 | | | | | | | | + | | |
| Ď | 10 | | | | | | | 9 10 | | + | | |
| | 11 | Net operating | loss deduction (| see instructions) | | | | 11 | | \top | | |
| | 12 | | | | | | | 12 | | T | | |
| | 13 | _ | | | | | | 13 | | | | |
| | 14 | Payments: | , , | | . — | | | | | | | |
| | а | Overpayment | from prior year | | | | | | | | | |
| | | allowed as a | credit | 14a | | | | | | | | |
| nts | b | - | estimated tax | 14b | | | | | | | | |
| ayments | С | Refund applied 4466. | ed for on Form | 14c (|) | | | | | | | |
| <u>Б</u> | d | | 14c from the total | | d 14b | . 14d | | | | | | |
| and | е | • | d with Form 7004 | | | 14e | | 4 4 6 | | | | |
| T ax | f | | its. Add lines 14d | | | | | 14f 15 | | +- | | |
| <u> </u> | 15 | | penalty. Check if | | | | | | | + | | |
| | 16 Tax due. If line 14f is smaller than the total of lines 13 and 15, enter amount owe17 Overpayment. If line 14f is larger than the total of lines 13 and 15, enter amount over | | | | | | | 16 | | + | | |
| | 17 | | _ | | | | • | 17 | | + | | |
| | 18 | | f line 17 you want: (| | | | Refunded > | 18 | my knowledge and b-#-f | it in tour | | |
| Sig | | | | | | anying schedules and sta rmation of which prepare | | | my knowledge and belief, | it is true, | | |
| He | - 1 | \ | | 1 | | | | | May the IRS discuss this re | | | |
| | | Signature of o | officer | Da | ate | Title | | | the preparer shown bel instructions)? | No (see | | |
| Pai | | Preparer's signature | | | <u>, </u> | Date | Check if self-employ | /ed □ | Preparer's SSN or PTII | V | | |
| | parer | Firm's name (or | | | | | EIN | | | | | |
| Use | Only | yours if sel | f-employed), | | | | Phon | e no. (|) | | | |

| Scl | nedule L | Balance S | Sheets | | | (a) E | Beginning of y | ear | (b) End of | year | |
|---|---|--|-------------------|------------------------|------------|----------|-------------------|------------------------|------------------------|-------------|-----|
| | | | Assets | | | | | | | | |
| 1 | Cash . | | | | . 1 | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | _ | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| _6_ | TOTAL ASS | | | <u> </u> | . 6 | | | | | | |
| _ | Liabilities and Fund Balance 7 | | | | | | | | | | |
| 7 8 | Liabilities Fund bal | | | | | | | | | | |
| 9 | | | | es 7 and 8 | | | | | | | |
| Scl | 9 Total liabilities and fund balance. Add lines 7 and 8 9 Schedule M Other Information | | | | | | | | | Yes | No |
| | 1a Enter name of the electing taxpayer ▶ | | | | | | | | | | |
| | Enter the employer identification number of the electing taxpayer ▶ | | | | | | | | | | |
| 2a | Enter the | Enter the amount of contributions the fund received during the year under section 468A(a) ▶ \$ | | | | | | | | | |
| b | | | | | | | | | | | |
| | the electing taxpayer's cost of service for ratemaking purposes for the tax year • \$ | | | | | | | | | | |
| С | | Enter the ruling amount for the tax year under section 468A(d)(2) | | | | | | | | | |
| d | | | | ome by the electing ta | | | | | | | |
| е | | Enter the amount of tax-exempt interest received or accrued for the year • \$ | | | | | | | | | |
| 3 | • | • | | other than cash paym | | | • | | | | |
| 4 | | | | or any purpose oth | | | | | | | |
| | expenses (including taxes), for making investments, or for direct or indirect payment of decommissioning costs of a nuclear power plant owned or leased by the electing taxpayer? If "Yes," attach an explanation | | | | | | | | | | |
| 5 | | ear power plant ing (see instruct | | a by the electing | ıaxpayer | r II re | s, allach an | explanati | on | | |
| 5 | | • . | • | wing acts during th | ho voor | sithar d | iroatly or indi | roothy wit | h ana ar mara | | |
| а | | ed persons? | arry or the rollo | wing acts during ti | ne year, e | enner u | irectly or irial | rectly, wit | n one or more | | |
| | | | leasing of prope | rtv | | | | | | | |
| | (i) Sale, exchange, or leasing of property | | | | | | | | | | |
| | | | | | | | | | | | |
| | (iii) Furnishing of goods, services, or facilities | | | | | | | | | | |
| | (v) Transfer to, or use by or for the benefit of, a disqualified person of any part of the fund's income or assets | | | | | | | | | | |
| b | If any of lines 5a(i) through 5a(v) are answered "Yes," were all of the acts self-dealing exceptions? (see inst.). | | | | | | | | | | |
| С | If the answer to line 5b is "No," attach a schedule listing the act; the date of the act; and the name, address, | | | | | | | | | | |
| _ | and identifying number of each trustee and/or disqualified person who engaged in the act. | | | | | | | | | | |
| d | d Has any self-dealer or trustee taken any action to "correct" any act of self-dealing? See instructions for the | | | | | | | | | | |
| | definition of "correct." | | | | | | | | | | |
| Part II—Initial Taxes on Self-Dealing (Section 4951) | | | | | | | | | | | |
| | | | | -Acts of Self-De | | | | | | | |
| (a) A | ct number | (b) Date | e of act | | | (| (c) Description o | f act | | | |
| 1. | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | (d) Names of disqualified persons liable for tax (e) Names of trustees liable for tax | | | | | | | | ble for tax | | |
| | | | | | | | | | | | |
| | (f) Amount involved in act (g) Initial tax on self-dealing disqualified person (10% of column (f)) (h) Tax on trustee (if applicable) (21/2% | | | | | | | policable) (21/0/ of o | olumn (| <u></u> | |
| | (I) Amount I | nvoived in act | | | | | (II) Tax on | i trustee (ii a | pplicable) (27276 of c | Olullill (I | 1)) |
| | | | | | | | | | | | |
| Total ▶ | | | | | | | | | | | |
| | | | Se | ction B.—Sumn | nary of | Initial | Taxes | | | | |
| 1 | 1 Enter section 4951 tax on disqualified person (Section A, column (g)) | | | | | | | | | | |
| 2 | Enter section 4951 tax on trustee (Section A, column (h)) | | | | | | | | | | |
| 3 | Total section 4951 taxes (add lines 1 and 2) | | | | | | | | | | |
| 4 | Tax paid with Form 7004 | | | | | | | | | | |
| 5 Tax due. Enter the excess, if any, of line 3 over line 4. (Do not enter this amount in Part I.) Pay | | | | | | | | | | | |
| 6 | in full with return. (Make check or money order payable to "United States Treasury.") | | | | | | | | | | |